STATE OF MARYLAND—CERTIFICATE OF DEATH

04769

53-A

1. PLACE OF DEATH

County Caroline — Registration Dist. No. 65

Village or City Near Siden's Corner — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred full life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Eva Mary Adams — If U. S. Veteran, specify WAR ____

(a) Residence: No. Near Siden's Corner, Md. St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward Adams

6. DATE OF BIRTH (month, day, and year) January 13, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housework

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation full life

12. BIRTHPLACE (city or town) Near Andersontown, Md. (State or country) Maryland

FATHER

13. NAME Willie Siden

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Martha Siden

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Russell Adams (Address) Fredericksburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bloomery Cem. Date 5/13/, 1939

19. UNDERTAKER C. W. Adams (Address) Fredericksburg, Md.

20. FILED May 11, 1939 Mrs DO George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to May 10, 1939

I last saw h~~im~~er alive on May 9, 1939; death is said to have occurred on the date stated above, at 4 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of kidney	?
Myocarditis	1937

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Lawson D. George M. D.

(Address) Denton, Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 6, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04770

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (82-01) 60

County Caroline Registration Dist. No.

Village or City Templeville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. How long in U.S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Roy P. Bent Wold War Veteran

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 2 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Grist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Daniel Bent

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Berlena Bean

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Pearl Bent (Address) Templeville

18. BURIAL, CREMATION, OR REMOVAL Place Templeville Date May 22 39

19. UNDERTAKER C B Pendleigh (Address) Denton

20. FILED 5/20, 1939 A L Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 18 1939 to May 19 1939

I last saw him alive on May 19 1939; death is said to have occurred on the date stated above, at 10 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulm, Cerebral Hemorrhage	
Other Contributory Causes of importance: Chronic Alcoholism	

Name of operation W Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. W

Manner of injury —

Nature of Injury —

24. Wes disease or injury in any way related to occupation of deceased? W

If so, specify —

(Signed) C H Whitcraft M. D.

(Address) Ridgely, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail **merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other **contributory causes of importance:**		Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-E) Reg. Dist. No. 62

CERTIFICATE OF DEATH

04771

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Near Denton
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town Near Denton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora G Bowdle

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of ~~husband~~ or wife Georgia Layton Bowdle

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct. 13th 1876

8. AGE: Years 62 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Concord Caroline Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Cable Bowdle
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Hessick
15. Birthplace Maryland

16 (a) Informant Harry Bowdle
(b) Address Denton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14th 39 (month) (day) (year)
(c) Cemetery or crematory Concord Cemetery
Location Near Denton Md.

18 (a) Funeral director Virgil Thomas Law
(b) Address

19 (a) May 14/39 (Date rec'd by registrar) (b) Mrs. DO Benge Registrar

MEDICAL CERTIFICATION

20. Date of death May 13th 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death	Duration
Burning	
Due to Automobile accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide~~
(b) Date of occurrence May 13, 1939
(c) Where did injury occur? Hillsmans (City or town) Caroline (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public highway (Specify type of place) While at work? No
(e) Means of injury

23. Signature James A. Forse Acting Coroner M. D. or other
Address Denton, Md. Date signed 5/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

04772

1. PLACE OF DEATH (8)

County Carolina — Registration Dist. No. 61

Village or City near Greensboro — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Baby Carlisle — If U. S. Veteran, specify WAR —

(a) Residence: No. — St., — Ward. —

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 25-1939

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) near Greensboro (State or country) Md

FATHER

13. NAME John Carlisle

14. BIRTHPLACE (city or town) Greensboro (State or country) Md

MOTHER

15. MAIDEN NAME Sallie Jane Johnson

16. BIRTHPLACE (city or town) Hilton (State or country) Del

17. INFORMANT John Carlisle (Address) Greensboro

18. BURIAL, CREMATION, OR REMOVAL Place Liberty Church Date May 25, 1939

New Brighton Md

19. UNDERTAKER Ephraim Carlisle Jr (Father) (Address) Greensboro Md

20. FILED May 27, 1939 L. Mae Peppin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1939, to May 25, 1939

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at —m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Still born	
Breech Presentation with Compression of Cord.	
Other **Contributory Causes** of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) L. Paul Thurston M. D.

(Address) Hilton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94P)

Reg. Dist. No. 62

CERTIFICATE OF DEATH

04773

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Denton
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Caroline

(c) City or town Denton
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chas. Henry Denby.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex m

5. Color or race Col

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of ~~husband~~ or wife Mamie Denby

6. (c) If alive, give ~~age~~ Dead years

7. Birth date of deceased (mo., day, yr.) June 10th 1860

8. AGE: Years 79 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Talbot. Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Denby.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Flamer
15. Birthplace Maryland

16 (a) Informant Lillie Kimmond
(b) Address Denton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mathews Cemetery

Location Near Easton, Md.

18 (a) Funeral director J. Virgil Moore Pres

(b) Address Denton Md.

19 (a) 5/12-39 (Date rec'd by registrar) (b) Mr D O George Registrar

MEDICAL CERTIFICATION

20. Date of death May 9 1939, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 17 1939, to May 9 1939, and that I last saw him alive on May 9 1939.

Immediate cause of death Coronary thrombosis — Duration May 9-39

Due to Arteriosclerosis — ?

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. L. Small M. D. or other

Address Denton Md. Date signed May 12-1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

04774

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (51C)

County Caroline Registration Dist. No. 61

Village or City Greensboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town where death occurred 32 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Burton M. Dickerson If U. S. Veteran, specify WAR

(a) Residence: No. Greensboro. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Dickerson

6. DATE OF BIRTH (month, day, and year) 4/4/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *

10. Data deceasad last worked at this occupation (month and year) Jan. 1. 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (Steta or country) Del.

FATHER

13. NAME Peter Dickerson

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Jane Wilson

16. BIRTHPLACE (city or town) (Stata or country) Del.

17. INFORMANT Mrs. Sallie Dickerson (Address) Greensboro. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Milford Del. Data May. 10 19 39

19. UNDERTAKER R.B.Rawlings (Address) Greensboro. Md.

20. FILED May 5, 1939 L. MacLippincott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 7 (Day), 193 9 (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov. 8 1938, to May 7 1939

I last saw him alive on May 7 1939; death is said to have occurred on the date steted above, 2.30A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with Metastasis to Right Hip	(?)
Other Contributory Causes of Importance:	
Transurethral Resection of Prostate	

Neme of operation Date of May 27 1939

What test confirmed diagnosis Clinical Laboratory Was there an autopsy? No

23. If death was dua to external ceuses (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of Injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurrad In INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Stoneseifer M. D.

(Address) Greensboro Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-2) Reg. Dist. No. 62

CERTIFICATE OF DEATH

04775

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Denton — Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Caroline

(c) City or town Denton — Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George Hennings

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex M

5. Color or race wht

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Martha Hennings

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1858

8. AGE: Years 80 | Months 6 | Days 13 | If less than one day — hr. — min.

9. Birthplace New York City
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name George Hennings
13. Birthplace New York City

MOTHER
14. Maiden Name Katharine Guerkin
15. Birthplace New York City

16 (a) Informant Mrs. Martha Hennings
(b) Address Denton, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, '39 (month) (day) (year)

(c) Cemetery or crematory Denton
Location Denton, Maryland

18 (a) Funeral director J. Virgil Moore
(b) Address Denton, Maryland

19 (a) 5-7-39 (Date rec'd by registrar) (b) Inez C. George Registrar

MEDICAL CERTIFICATION

20. Date of death May 5 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1939, to May 5 1939, and that I last saw him alive on — 19—.

Immediate cause of death	Duration
Arteriosclerotic heart disease	4 years
Due to Generalized arteriosclerosis	6 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Curtis MD
M. D. or other

Address Denton Md Date signed May 7-1939

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JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-E) Reg. Dist. No. 63

CERTIFICATE OF DEATH

04776

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Near Harmony (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Preston Md. - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Jonestown (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Sarah Elizabeth Johnson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Thomas Johnson

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) February 25, 1867

8. AGE: Years	Months	Days	If less than one day
72	2	28	____ hr. ____ min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)
10. Usual occupation Housework
11. Industry or business Own Home

FATHER
12. Name Henry Hooper
13. Birthplace Dorchester County, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Mary Stanford
(b) Address Preston, Maryland, R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1939 (month) (day) (year)
(c) Cemetery or crematory Jonestown Cemetery
Location Preston, Maryland R.F.D.

18 (a) Funeral director J. J. Frampton & Son
(b) Address Federalsburg, Maryland

19 (a) May 27/1939 (Date rec'd by registrar) (b) Cornelia Plummer Registrar

MEDICAL CERTIFICATION

20. **Date of death** May 23 1939, at 7:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1939, to May 23 1939, and that I last saw him alive on May 16 1939.

Immediate cause of death	Duration
Congestive heart failure.	10 wks.
Due to Hypertensive heart disease	2 yrs +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Paul Thoits M.D. (M. D. or other)
Address Denton Md Date signed May 25 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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JUN 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04777

(57)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 63

Village or City Near Preston No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME August C. Marquardt If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Louise Marquardt

6. DATE OF BIRTH (month, day, and year): April 21-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Marquardt

14. BIRTHPLACE (city or town) (State or country): West Prussia

MOTHER

15. MAIDEN NAME: Wilhmiena Bordon

16. BIRTHPLACE (city or town) (State or country): West Prussia

17. INFORMANT: Mrs. Amelia Louise Marquardt

(Address) Preston, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Linchester Date 5/21/ 19 39

19. UNDERTAKER: W. H. Hollis & Son

(Address) Preston, Maryland

20. FILED May 19, 19 39 E. D. Plummer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to May 19, 1939

I last saw h-m alive on May 18, 1939; death is said to have occurred on the date steted above, at 11 A m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causas of importenca ware as follows:

	Date of onset
Cardiac Decompensation	5/2/1934
Auricular Fibrillation	5/5/1939
Diabetes Mellitus	1933?
Diabetic Gangrene	4/10/1934

Dther **Contributory Causes** of Importance:

Chronic Glomerular Nephritis	?
Hypertension	?

Name of operation Date of

What tast confirmad diagnosis? No Was thara an autopsy? No

23. If death was due lo external causes (VIOLENCE) fill in also lhe following:

Accidant, suicida, or homicida? Data of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of Injury

24. Was disease or injury in any wey related to occupetion of deceased? No

If so, spacify

(Signed) Hurley B Plummer M. D.

(Address) Preston Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

JUN 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

04778

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Hillsboro 2nd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Caroline
City or town Near Hillsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucy Matthews

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	Col	married

6 (b) Name of husband or wife: John H Matthews
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years 60 | Months — | Days — | If less than one day — hrs. — min.

9. Birthplace Talbot Co Maryland.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Ike Clemmens
13. Birthplace Maryland.

MOTHER
14. Maiden name not known
15. Birthplace

16. Informant John H Matthews
Address R D Hillsboro 2nd

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 31 1939 (month) (day) (year)
Cemetery or crematory Zion Chapel
Location Near Easton Md.

18. Funeral director J. Virgil Trevor Low
Address Denton Md.

19. May 31 1939 (Date rec'd by registrar) Mrs DO George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1939, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1938, to May 28 1939
and that I last saw h er alive on May 24 1939

Immediate cause of death	DURATION
Chronic Hypertensive Heart Disease	about 2 yrs.
Due to	
Due to	
Other conditions Chronic Interstitial Nephritis	a year

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Paul Knotts MD
M. D. or other
Address Denton Date signed May 31 1939

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JUN 5 1939
BUREAU V. S.

04779

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Caroline Registration Dist. No. 61

Village or City Bridgetown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Norris If U. S. Veteran, specify WAR

(a) Residence: No. Henderson. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Annie Norris

6. DATE OF BIRTH (month, day, and year): March. 5. 1863

7. AGE: Years 76 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: *

10. Date deceased last worked at this occupation (month and year): May. 10. 1939

11. Total time (years) spent in this occupation: 55yrs

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: William Norris

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Annie Slaughter

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Boon Jarrell Ridgely. Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Greensboro Md. Date: May. 10. 1939

19. UNDERTAKER (Address): Raymond B. Rawlings Greensboro. Md.

20. FILED: May 9, 1939 L. Mae Pippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5 (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 1939, to 5-5, 1939

I last saw him alive on 8/5, 1939; death is said to have occurred on the date stated above, at 4:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio Vascular Degeneration — Date of onset: unknown

Other Contributory Causes of importance: Heart Failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. T. Silver M. D.

(Address) Goldsboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2) Reg. Dist. No. 64

CERTIFICATE OF DEATH

04780

1. PLACE OF DEATH:
(a) County Federalsburg
(b) City or town Federalsburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Federalsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Solomon F. Prattis

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Julia A. Prattis

6. (c) If alive, give age (Deceased) years

7. Birth date of deceased (mo., day, yr.) May 25, 1856

8. **AGE:** Years 82 | Months 11 | Days 11 | If less than one day ____hr. ____min.

9. Birthplace Caroline County, Maryland (Town, county, and state)

10. Usual occupation Painter

11. Industry or business General Painter

FATHER
12. Name Stephen L. Prattis
13. Birthplace Caroline Co., Md.

MOTHER
14. Maiden Name Hester Ann Prattis
15. Birthplace Caroline Co., Md.

16 (a) Informant Mrs. Magie F. Brewington
(b) Address Federalsburg, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1939 (month) (day) (year)
(c) Cemetery or crematory Federalsburg Colored
Location Federalsburg, Maryland

18 (a) Funeral director J. J. Frampton & Son
(b) Address Federalsburg, Maryland

19 (a) May 8 1939 (Date rec'd by registrar) (b) S. S. Frampton, Registrar

MEDICAL CERTIFICATION

20. Date of death May 6 1939, at 5:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1939, to May 6, 1939, and that I last saw him alive on May 6 1939.

Immediate cause of death	Duration
Chronic Myocarditis	1 Yrs
Due to	
Due to	
Other conditions Acute Pulmonary Edema	5/4/39

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank M. Anderson M.D. (M. D. or other)
Address Federalsburg Md. Date signed 5/8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 6 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 62

CERTIFICATE OF DEATH

04781

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Near Denton
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
County Alms House
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town Near Denton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eileen Reed

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 65 | Months — | Days — | If less than one day ____hr. ____min.

9. Birthplace Bells Cross Md.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Emma Beck
(b) Address Denton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/39 (month) (day) (year)
(c) Cemetery or crematory Spring Grove
Location North Denton Md.

18 (a) Funeral director J. Virgil Thomas Sons
(b) Address Denton Md.

19 (a) 5-11-39 (Date rec'd by registrar) (b) Thos O George Registrar

MEDICAL CERTIFICATION

20. Date of death May 10 1939, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938, to May 10 1939, and that I last saw him alive on May 10 1939.

	Duration
Immediate cause of death	
Due to Chronic Endocarditis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas O George M. D. or other
Address Denton Date signed 5/11/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

64782

1. PLACE OF DEATH

County Caroline Registration Dist. No. 61

Village or City Bridgetown Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 70 yrs. ... mos. ... ds.

2. FULL NAME Charles D. Ross. If U. S. Veteran, specify WAR

(a) Residence: No. Greensboro Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Helen L. Ross.

6. DATE OF BIRTH (month, day, and year): Jan 6. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ✓

10. Date deceased last worked at this occupation (month and year): April 1. 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: August Ross.

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Helen L. Ross. (Address) Greensboro Md.

18. BURIAL, CREMATION, OR REMOVAL — Place Ridgely Md Date May 30, 1939

19. UNDERTAKER: Raymond B. Rawlings (Address) Greensboro Md.

20. FILED May 29, 1939 L. MacLeppich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 5 1939 to May 27 1939

I last saw him alive on May 26 1939; death is said to have occurred on the date stated above at 7.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage c Hemiplegia,	May 6 1939.
Other Contributory Causes of importance: Chronic Interstitial Nephritis	
Neme of operation: None Dete of:	
What test confirmed diagnosis? Clinical Was there an autopsy? No	

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? ... Data of Injury ..., 19...

Whera did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Natura of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Chas H. Stonesifer M. D.

(Address) Queenstown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 64

(162)

CERTIFICATE OF DEATH

04783

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Federalsburg, Md. Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Federalsburg, Md. Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Near American Corner
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Jacob Gardiner Towers

3 (b) If veteran, name war: —

3 (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida Towers

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 12, 1862

8. AGE: Years 77 | Months 2 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name Jacob Towers
13. Birthplace Caroline County Maryland

MOTHER
14. Maiden Name Mary Elizabeth Edgell
15. Birthplace Caroline County Maryland

16 (a) Informant Mrs. Sallie E. Bradley
(b) Address Federalsburg, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1939 (month) (day) (year)
(c) Cemetery or crematory Hill Crest Cemetery
Location Federalsburg, Maryland

18 (a) Funeral director J. T. Hampton & Son
(b) Address Federalsburg, Maryland

19 (a) May 28 1939 (Date rec'd by registrar) (b) S. S. Hampton Registrar

MEDICAL CERTIFICATION

20. Date of death Probably May 22 1939, at Unknown

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Natural causes	
Due to Some natural cause brought about by cerebral apoplexy and R.	
Due to Advanced in years — age.	
Other conditions Had not suffered from any particular malady.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Probably May 22, 1939
(c) Where did injury occur? Nr. Federalsburg Caroline Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House While at work? Yes
(Specify type of place)
(e) Means of injury

23. Signature James A. Wise M. D. Coroner
Address Denton, Md. Date signed 7/28/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (121)

Reg. Dist. No. 62

04784

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Rural, Denton, (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 65 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Caroline.
(c) City or town Rural, Denton, (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Walton Trice,

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Lida V. Trice

6. (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Sept. 6 1873

8. AGE: Years 65 | Months 8 | Days 11 | If less than one day ____hr. ____min.

9. Birthplace: Caroline Co. Maryland (Town, county, and state)

10. Usual occupation: Farmer,

11. Industry or business: Farming.

FATHER
12. Name: William Trice
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden Name: Mary Ross,
15. Birthplace: Caroline Co. Md.

16 (a) Informant: Mrs Walton Trice,
(b) Address: Denton, Md. R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1939 (month) (day) (year)
(c) Cemetery or crematory: Concord Cemetery,
Location: Concord, Maryland.

18 (a) Funeral director: J.J.Framptom & Son.
(b) Address: Federalsburg, Md.

19 (a) May 30 39 (Date rec'd by registrar) (b) Mrs. D.O. George Registrar

MEDICAL CERTIFICATION

20. Date of death May 17 1939, at 10-00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936, to May 17 1939, and that I last saw him alive on May 17 1939.

Immediate cause of death	Duration
Due to Cardio-Vascular Renal disease	1936
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dawson O George M. D. or other
Address Denton, Md. Date signed 5-20-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUN 5 1939
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VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-B) Reg. Dist. No. 61

CERTIFICATE OF DEATH

04785

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Greensboro.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 7 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town Greensboro.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John H. White

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Laura A. White
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1853

8. AGE: Years 86 Months — Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Caroline, Maryland
(Town, county, and state)
10. Usual occupation Retired Farmer.
11. Industry or business Own Farm.

FATHER
12. Name Handy White
13. Birthplace Caroline County, Md.

MOTHER
14. Maiden Name Ann Williams
15. Birthplace Caroline County, Md.

16 (a) Informant Guy C. White
(b) Address Federalsburg, Md

17 (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof May 18, 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hill-Crest
Location Federalsburg, Md.

18 (a) Funeral director J. J. Frampton & Son
(b) Address Federalsburg, Md.

19 (a) May 16, 1939 (Date rec'd by registrar) (b) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. Date of death May 16" 1939, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1939, to May 13 1939, and that I last saw him alive on May 13 1939.

Immediate cause of death Arteriosclerotic Cardiovascular Disease — Duration

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Stoneyfer M.D.
M. D. or other
Address Greensboro Md Date signed May 16, '39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(57)

04786

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: Maple Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): full life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Laura R. Williamson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband ~~or wife~~: C. H. F. Williamson

~~deceased~~ 6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 11, 1866

8. AGE:

Years	Months	Days	If less than one day
73	2	15	hrs. min.

9. Birthplace: Near Bridgeville, Del.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: None

FATHER
12. Name: Joshua Brown
13. Birthplace: Bridgeville, Del.

MOTHER
14. Maiden name: Jane Donavon
15. Birthplace: Bridgeville, Del.

16. Informant: Fred Williamson

Address: Federalsburg, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/29/39 (month) (day) (year)

Cemetery or crematory: Hillcrest Cemetery

Location: Federalsburg, Md.

18. Funeral director: C. W. Addams

Address: Federalsburg, Md.

19. May 29 1939 (Date rec'd by registrar) J. J. Harris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/26 1939, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/20 1939, to 5/26 1939, and that I last saw h alive on 1939.

Immediate cause of death: Diabetes Mellitus — DURATION: Several years

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. K. Kurtis M. D. or other

Address: Federalsburg Md. Date signed 5/27/39

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JUN 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-P) Reg. Dist. No. 62

CERTIFICATE OF DEATH

04787

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Near Denton
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town Near Denton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Willoughby

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Mr. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 14 1916

8. AGE: Years 23 | Months 1 | Days 1 | If less than one day ____hr. ____min.

9. Birthplace Near Denton Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name James Willoughby
13. Birthplace Denton Md.

MOTHER 14. Maiden Name Maud Price
15. Birthplace Maryland

16 (a) Informant James Willoughby (Father)
(b) Address Denton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5. 15. 39 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Near Denton

18 (a) Funeral director J. Virgil Moore
(b) Address Denton Md.

19 (a) May 15 39 (Date rec'd by registrar) (b) Mrs. D. O. Berry Registrar

MEDICAL CERTIFICATION

20. Date of death May 13th 1939, at ____M

21. I certify that death occurred on the date above stated; that I attended deceased from ____19____, to ____19____, and that I last saw him alive on ____19____.

Immediate cause of death	Duration
Burning	
Due to Automobile accident	
Due to	
Other conditions Blow on head	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide~~
(b) Date of occurrence May 13, 1939
(c) Where did injury occur? Hillsboro (City or town) Caroline (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public highway (Specify type of place) While at work? No
(e) Means of injury

23. Signature James A. Wise acting Coroner (M. D. or other)
Address Denton, Md. Date signed 5/14/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1939
BUREAU V. S.

Dallo

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (207-m)

047887

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Near Federalsburg, Md.
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emerson Pernell Wright

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name ~~of husband~~ or wife Charlotte Wright
6(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) March 7, 1908

8. AGE: Years 31 | Months 2 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace Painter, Va
(Town, county, and state)

10. Usual occupation poultry laborer

11. Industry or business None

FATHER
12. Name Joshua Smith
13. Birthplace unknown

MOTHER
14. Maiden name Rachel Wright
15. Birthplace Painter, Va.

16. Informant Mrs. Charolette Wright.
Address Federalsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21, 1939 (month) (day) (year)
Cemetery or ~~crematory~~ Painter Colored Cemetery
Location Painter, Va.

18. Funeral director Clarence W. Adems
Address Federalsburg, Md.

19. 5/19/39 19 (Date rec'd by registrar) D J Harris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1939, at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to May 15 1939, and that I last saw h~~e~~ alive on ____ 19____

Immediate cause of death	DURATION
Multiple Fractures of Skull	?
Due to accident - Hit by train	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of May 15, 1939
Where did injury occur? Federalsburg (City or town) Caroline (County) Md. (State)
Injured at home, farm, industry, public place (where?) Railroad Track
Means of injury Hit by train Injured at work?

23. SIGNATURE Frank M. Anderson M.D.
M. D. or other
Address Federalsburg Md. Date signed 5/19/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2) Reg. Dist. No. 64

CERTIFICATE OF DEATH

04789

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 72 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John R. Young

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida Young

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 3, 1866

8. AGE: Years 72 | Months 11 | Days 17 | If less than one day ____hr. ____min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Grocery Store

FATHER
12. Name Dudley Young
13. Birthplace New York

MOTHER
14. Maiden Name Mary A. Hollis
15. Birthplace New York

16 (a) Informant Mrs. Ida Young
(b) Address Federalsburg, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1939 (month) (day) (year)
(c) Cemetery or crematory Hill Crest Cemetery
Location Federalsburg, Maryland

18 (a) Funeral director J. J. Hampton & Son
(b) Address Federalsburg, Maryland

19 (a) May 23 1939 (Date rec'd by registrar) (b) T. S. Frampton Registrar

MEDICAL CERTIFICATION

20. Date of death May 20 1939, at 2:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1939 to 5/20 1939, and that I last saw him alive on 5/20 1939.

	Duration
Immediate cause of death Cerebral Arterio Sclerosis	?
Due to Chronic Myocarditis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury

23. Signature W. K. Krutts M. D. or other
Address Federalsburg, Md. Date signed 5/23/39

MARGIN RESERVED FOR BINDING

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